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ABSTRACT

This paper presents an overview of the Integrated Child Development Services (ICDS) program in India, discusses the context of Early Childhood Education (ECE) in Nepal, analyzes the best practices of the ICDS, and draws some policy implications for improving ECE in Nepal. The ICDS program is an integrated child development program with the following objectives: (1) improving nutritional and health status of children birth-6 years; (2) laying the foundation for proper child development; (3) reducing the incidence of mortality, morbidity, malnutrition, and dropping out of school; (4) coordinating policy among various departments promoting child development; and (5) enhancing mothers' capacity to meet their children's health and nutritional needs. Services provided to children and women include supplementary nutrition, immunizations, preschool education, and nutrition and health education. The program is organized at five levels: central, state, district, block, and village. Various studies indicate that ICDS has a positive impact on beneficiaries and the potential of enhancing child survival. In Nepal, ECE programs are currently managed by international nongovernmental organizations or private individuals. Because of increasing numbers of children entering school prior to the age of 6, the Nepal government plans to establish 10,000 preprimary schools before 2002. Developing a comprehensive ECE program and making ECE accessible to children in rural and disadvantaged situations remain the major challenges in Nepal. Recommendations for policy development in Nepal include allocating funds for ECE in the regular government budget and coordinating activities of related ministries, departments, and organizations to provide integrated services to children on a large scale. (KB)

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OVERVIEW OF INTEGRATED CHILD DEVELOPMENT SERVICES PROGRAMME IN INDIA: SOME POLICY IMPLICATIONS FOR NEPAL*

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This paper is divided into three parts. The first part presents an overview of the Integrated Child Development Services (ICDS) programme in India. The second part deals with the situation of Early Childhood Education (ECE) in Nepal. The third part analyses the best practices of ICDS, and, keeping in view the situation of ECE in Nepal, draws some policy implications for improving ECE activities in Nepal.

AN OVERVIEW OF ICDS PROGRAMME

In India, various types of Early Childhood Education programmes are being run by government ministries, voluntary organisations, religious groups and private institutions. However, the Integrated Child Development Service is the largest national programme that caters to children from conception to below six years of age. It is targeted towards the poorest children and the poorest women. All the services Health, Nutrition, and Education--embodied in the programme are provided free of cost.

Prior to the implementation of the programme the Planning Commission held an inter-ministry meeting in 1972, which suggested that a scheme for integrated child care services would be worked out for implementation in all the States. The Planning Commission then formed eight inter-ministerial teams and conducted a survey on the feasibility of implementing integrated child care services. The Inter-Ministerial Survey in 1972 revealed that child care programmes in India did not show the desired impact owing to resource constraints, inadequate coverage and fragmented approach. The Survey also emphasised the necessity of setting up an efficient organisational machinery at the field level for providing integrated child care services.

In 1974, the Government of India adopted the National Policy for Children. The policy recognised the children as a supreme important asset of the nation and directed the State Governments to provide adequate services to them both before and after birth to ensure their full physical, mental and social development. Similarly, the Steering Group set up to advise on the formulation of the Fifth Plan also suggested the adoption of an integrated approach for provision of early childhood services. In 1975, the Government of India launched the Integrated Child Development scheme.

In 1975-76, the Government of India launched a total of 33 ICDS projects on an experimental basis. A project consisted of 50 to 100 centres, depending on the settlement of the population. After one year of implementation an evaluation showed that the health and nutritional status of children improved and that a considerable

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number of children that belonged to the scheduled castes, scheduled tribes and poorer sections of the society benefited from the programme. Encouraged by these results 67 and 50 additional projects were approved in 1978-79 and 1980-81 respectively. As the programme gained momentum, the number of projects and centres increased. By the year 1990, the number of ICDS projects and ICDS centres functioning in the country had come to be 2,424 and more than 2,03,000 respectively. By 1994 the ICDS programme had been implemented in 3787 blocks and in about 400,000 centres, which covered 17.6 million children and 3.9 million mothers. With this expansion the programme has become a largest programme in the world.

In this programme the focal point for the delivery of services to children and women is the *Anganwadi*--literally meaning 'a courtyard'. The programme is funded by the Central Government with the support of various international donor agencies such as the World Food Programme, Co-operative for American Relief Everywhere (CARE), United Nation Children's Fund (UNICEF), the European Union, USAID, and the World Bank.

Aims and Objectives of the Programme

The ICDS programme is an integrated child development programme aimed at holistic development of children from conception to below six years of age. By adopting a holistic approach to child development it aims to improve the pre-natal and post-natal environments of children. The specific objectives of the programme are:

1. To improve the nutritional and health status of children ages 0-6 years;
2. To lay the foundation for the proper psychological, physical and social development of the child;
3. To reduce the incidence of mortality, morbidity, malnutrition, and school drop-out;
4. To achieve effective co-ordination and implementation of policy among the various departments promoting child development; and
5. To enhance the mother's capability to look after the normal health and nutritional needs of the child, through proper nutrition and health education.

Types of Services and Recipients

The ICDS programme provides a comprehensive range of services for child protection and development. The programme is targeted at children and women living in rural and urban slums. Through the co-ordination of the organisations involved in the delivery of child care services, the programme provides the following services to children and women in its project areas:

Supplementary nutrition. Supplementary nutrition is provided to pregnant and nursing women and children under six years of age. Growth monitoring records are maintained every month and they are analysed by health personnel. Normal or special supplementary nutrition is provided as required by the level of nutritional status of each individual recipient.

Immunisation and health check up. Immunisation and health check-up services are provided to all children under six years of age as well as pregnant and nursing women.

Types of Services Delivered and their Recipients under ICDS Programme

Services Delivered	Services Delivered by	Service Recipients
Health Check-up	PHC-Doctor, LHV/ANM, with the help of AWWs	- Pregnant and Nursing Women - Children under 6 years of age
Immunization	PHC-Doctor, LHV/ANM, with the help of AWWs	- Pregnant and Nursing Women - Children under 6 years of age
Supplementary Nutrition	AWWs and Helper as suggested by PHC-Doctor	- Pregnant and Nursing Women - Children under 6 years of age
Referral Services	AWW/LHV/ANM	- Pregnant and Nursing Women - Children under 6 years of age
Non-formal Pre-school Education	AWW	- Children between 3 to 6 years of age
Nutrition and Health Education	AWW with occasional help of the LHV/ANM	- All women between 15 to 45 years of age

The services are delivered by Public Health Centre (PHC)-Doctor, Lady Health Visitor (LHV)/Auxiliary Nurse and Midwives (ANM), with the help of *Anganwadi* Worker (AWW).

Referral services. Early detection of the health problems and physical and mental defects are made by AWW/LHV/ANM and the concerned children and women are referred to hospitals for further treatment.

Non-formal pre-school education. Pre-school education is provided to children aged 3 to below 6 years. However, the programme does not include any early stimulation input for children below 3 years of age.

Nutrition and health education. Health and nutrition education is provided to all women, between 15 to 45 years of age, covered by the project. These services are provided by AWW with occasional help of LHV/ANM.

Organisation of the Programme

The organisation of the programme has five main levels--Central level, State/Union Territory level, District level, Block or Project level, and Village or *Anganwadi* level.

Central level. A nucleus secretariat set up in the Department of Women and Child Development in the Ministry of Human Resource Development is responsible for directing the entire programme. However, the other ministries such as Ministries of Health, Education, Agriculture, etc. and other national organisations are involved in planning, co-ordinating and implementing project-related activities.

State Level. A nodal department designated by the State Government is responsible for implementing the programme at the state level. Usually the counterpart department of Women and Child Development is entrusted at the State level. The Secretary of the nodal department in co-operation with other relevant departments such as universities, training institutions and voluntary organisations administers the project at the State level.

District Level. An Officer designated by the State Government (usually Collector/District Development Officer/Deputy Commissioner/ District Social Welfare Officer/District Women and Child Welfare Officer) is responsible for the administration of the programme at the district level. The designated officer co-ordinates the activities of other line agencies and voluntary organisations related to the programme.

Block/Project Level.* A Child Development Project Officer (CDPO) appointed at each block/project is responsible for the implementation of the programme at the block/project level. The CDPO is the overall in-charge of the project. S/he is assisted by four to five supervisors. S/he co-ordinates the activities of the project staff, health personnel, and other organisations.

Village/Anganwadi Level. An *Anganwadi* worker is appointed to deliver child care and education services. She is assigned for a population of about 700 to 1000. She is assisted by a helper. The *Anganwadi* Worker and the helper work in close collaboration with health personnel, women's group and community leaders. An

* In India, a block is an administrative unit that covers about 100 villages with a total population of one hundred thousand on the average.

STRUCTURE OF ICDS PROGRAMME

Central Level

Government of India
Ministry of Human Resource Development
Department of Women and Child Development

State Level

State Government
Nodal Department
(Designated by the State Government)
Usually the counterpart Department of
Women and Child Development

District Level

Officer Designated by the State Government usually
Collector/District Development Officer/Deputy Commissioner/District Social Welfare/District Women and Child Welfare Officer

Block/Project Level

Child **Development Project Officer (CDPO)**
Assisted by four or five Supervisors

Village/Anganwadi Level

Anganwadi Worker
Assisted by a **Helper**

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Anganwadi is the main grass-root level organisation, which delivers integrated services to the targeted children and women.

A great emphasis is given to the co-ordination of the activities of various ministries, departments and organisations of the Central Government, State Governments/Union Territories, and of the functionaries at the district, block and village levels. Co-ordination Committees have been formed at different levels to ensure effective co-ordination and co-operation.

The functionaries of the ICDS programme may be classified as two categories--the project personnel and the health personnel. Besides working on the ICDS programme, the health personnel provide services to the general public. Health and nutrition related activities for the ICDS programme are carried out jointly by the Project and Health Personnel.

The National Institute of Public Co-operation and Child Development (NIPCCD) is the topmost body in the training of ICDS functionaries. In providing training to its functionaries at various levels, the programme has mobilised the relevant training institutions available in the country. However, training the health personnel is the sole responsibility of the Ministry of Health.

The programme is considered as most cost-effective. The total cost of the programme is only about US $ 10 per child annually. In 1984, it was estimated that all children in India could avail the ICDS services at a total administrative cost of 0.65 percent of the GDP.

Effectiveness of the Programme

Various studies indicate that ICDS has a positive impact on beneficiaries and has the potential of enhancing the child survival rate.

- Definite improvement has been reported on Infant Mortality Rate (IMR), nutritional status, morbidity pattern, immunisation coverage and utilisation of health services. Mothers and children covered by the programme were comparatively better off in respect to health and nutritional status than others.
- In primary schools, children from ICDS areas showed better competency in language, cognitive/conceptual development and behaviour parameters as compared to their counterparts from non-ICDS areas. Children from ICDS areas also had a comparatively low drop-out rate and a higher retention rate.
- Improvement in enrolment and scholastic performance further indicated a positive impact of the pre-school education component of this programme.

Shortcomings

Absence of adequate physical facilities at the centres, comparatively lower importance given to pre-school education in relation to health and nutrition activities, and absence of parental and community involvement in the implementation of the ICDS programme are some of its major shortcomings.

SITUATION OF ECE IN NEPAL

In Nepal, in extended families, the family as a whole usually takes care of the children. At the age of four or onward, children are either left on their own or placed under the care of an older sibling. In a nuclear family, where there is no older sibling, cases of harsh examples of "child-care" are pervasive. For example, infants are bound to a pole or pillar with a piece of rope in order to prevent them from reaching harmful objects or companies while the parents are away.

The policy for child development was for the first time included in the country's Seventh Plan (1985-1990). From the Seventh Plan period to the current Ninth Plan period (1992-2002) the government's role has been limited to providing technical assistance in the form of ECE teachers' training, educational materials to the ECE centres. Emphasis is being placed on mobilising International Non-governmental Organisations (INGOs), Non-governmental Organisations (NGOs) and local communities to make available the resources required for running the centres.

Management of ECE does not fall under the formal structure of any of the ministries of the government. As the existing ECE is not part of the mainstream government programme, the government has not allocated funds for ECE in its regular budget.

Entrance to formal schooling (i. e. entrance to grade I in Nepal) begins only from 6 years of age. However, it is estimated that 30-40 percent of those who attend grade I are less than 6 years old. To cope with this problem the Ministry of Education, under its multi-donor Basic and Primary Education project, has launched a pre-school education programme. There is a plan to establish 10,000 pre-primary schools under this project during the Ninth plan period.

It is basically the INGOs and private individuals that primarily manage Early Childhood Education. INGOs such as Save the Children/US. Save the Children/Norway (Redd Barna), and PLAN International, have been running ECE programmes in partnership with local NGOs. However, the number of children covered by these organisations is very limited. Most of the programmes that are run are not being sustained.

In almost every urban area of the country, there are ECE centres run by private individuals in the form of nursery schools, kindergartens, pre-primary schools and day care centres. However, the services provided by private schools are not accessible to children belonging to poor economic background and children living in rural and disadvantaged situations.

Most of the people in Nepal live in remote rural areas, which do not have even basic facilities like roads, pure drinking water, electricity and health services.

ECE in Nepal is still confined to urban areas and accessible only to about 8 percent of children between 3 to 5 years of age.

ECE programmes in Nepal are targeted at children in the age bracket of 3 to 5 years. Most of these programmes resort to teaching of the three R's with no health and nutrition input. Health services for children below 3 years of age are, to a large extent, looked after by the Ministry of Health. However, the services provided by the Ministry of Health lack the early stimulation components required for the psycho-social and emotional development of children.

The programmes being run lack an integrated approach for the holistic development of children. Developing a comprehensive ECE programme that caters to the needs of children from conception to 6 years of age and making ECE accessible to children living in rural and disadvantaged situations are the two major challenges in Nepal.

Some Policy Implications for Nepal

Considering the current situation of ECE in Nepal the following policy implications have been drawn from the best practices of the ICDS programme:

In order to provide proper care and education for survival, growth and development of children living in rural and disadvantaged situations, there is a need for designing a comprehensive integrated child development programme in Nepal along the lines of ICDS.

The Planning Commission of His Majesty's Government of Nepal should take initiative in developing a comprehensive early childhood development programme that caters to the needs of all children including those living in rural and disadvantaged situations.

The Government should allocate funds for ECE in its regular budget for the sustainability of the programme. Funds also need to be mobilised from national and international donor agencies.

It is important to co-ordinate the activities of related ministries, departments and organisations in order to provide integrated services to children on a large scale. In the delivery of health and nutrition services, the relevant line ministry should be involved and made responsible for planning, implementing, monitoring and evaluating the programme.

The available institutions need to be used for providing training to the ECE functionaries of the programme.

For the holistic development of children, all aspects of the programme need to be incorporated and properly monitored to ensure that all the inputs are being provided in a well co-ordinated and integrated manner.

In an integrated early childhood programme the personnel concerned with the delivery of health, nutrition and education services need to be brought under one organisational umbrella. It is also important to ensure that a component of the programme does not dominate the other activities of the ECE programme.

The programme targeted at poor and disadvantaged children should dispense services exclusively to the targeted population.

It is important that the local government bodies and relevant organisations be involved in planning, implementing, monitoring and evaluating the ECE programmes.

It is important that a good working relationship is established among the organisations involved in the delivery of early childhood education services. This can be achieved through the formation of co-ordination committees.